



## Performance of Public Health Extension Officers in Health Promotion Practices at District Health Services

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### Abstract

The criteria for determining mandatory authority in the health sector are that it is a service, high priority because it protects people's rights, protects national interests, is a national commitment and is the main cause of death and morbidity, is measurable and carried out continuously and the minimum service standards set by the health service have not been achieved. district, because the performance of public health officers is still lacking in providing education to the community. The aim of this research is to analyze the factors that influence the performance of public health workers in health promotion practices at the District Health Service. This research uses an explanatory study method with a cross sectional approach. Data collection was carried out by means of interviews and observations with a sample size of 87 officers. The results of the research show that the performance of public health extension officers in health promotion practices at the Sidrap District Health Service is poor, namely 56.3% and only 43.7% have good performance. The variable that is directly related to the performance of public health extension officers is level of education, training, knowledge, skills and leadership. The variable that most influences the performance of public health extension officers is education level.

**Keywords:** Performance of Extension Officers, Public Health, Health Promotion Practices

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## 1. Introduction

Minimum Service Standards are standards with certain limits to measure the performance of implementing mandatory regional authority related to basic services to the community, including types of services, indicators and values. The principles of minimum service standards are: guarantee access and quality of basic services to the community, are applied to all districts or cities, are performance indicators, are dynamic, and are determined in the context of providing basic services under mandatory authority. Decree of the Minister of Health of the Republic of Indonesia No. 1457/ Menkes/ SK/ X/ 2004 concerning Minimum Service Standards. City District Health Sector. The principles of minimum service standards are: guarantee access and quality of basic services to the community, are applied to all districts or cities, are performance indicators, are dynamic, and are determined in the context of providing basic services under mandatory authority.

The criteria for determining Compulsory Authority in the health sector are that it is a high priority service because it protects people's rights, protects national interests, is a national commitment and is the main cause of death and morbidity, is measurable and carried out continuously.

Minister of Health of the Republic of Indonesia Basic Policy for Public Health Centers, Decree of the Minister of Health Number 128/Menkes/SK/2004 Jakarta 2004. The government determines minimum service standards: clearly and concretely, as simple as possible, not too many and easy to measure and to serve as a guideline for each organizational unit who exercise regional authority. The Minimum Service Standards for Health Promotion which are the reference for City Districts are Healthy Households (65%), Exclusive Breastfeeding (80%), Villages with an iodized salt program (90%) and Purnama Posyandu (40%). The Regency Government has established Minimum Service Standards in the health sector based on the Decree of the Minister of Health of the Republic of Indonesia Number 828/Menkes/SK/IX/2008 with the hope that community health centers as Technical Implementation Units of the Health Service can improve the quality of technical programs and activities so that they can be more focused and





integrated as well as improving management and providing adequate funding to support the implementation of these activity programs at the District Health Office.

Based on the achievements of the Health Promotion Program at the District Health Service, the achievement of program targets has not been maximized, because the Maximal Service Standards targeted by the District Health Service have not been met, the 2010 achievement of PHBS activities was 40%, exclusive breastfeeding 56%, villages with iodized salt programs 75%, full moon posyandu 25%. The success of a health promotion program depends on the performance of health promotion officers in carrying out their roles and functions professionally. So far, health promotion officers have only been limited to health instructors tasked with providing information. In fact, a health promotion officer not only provides information but can act as an educator, peddler (change agent), companion, advisor and advocate. Close relationships between health care workers and the community are essential and must be a two-way process. Health workers must be responsive to the needs of the communities they serve.

The professionalism of the performance of health promotion officers is influenced by the education and training they have attended, namely to increase their knowledge, skills and abilities in carrying out their duties and responsibilities. The training they have received so far is only 1 (one) time, but monitoring and evaluation of the training programs they carry out is rarely carried out, thus allowing the officers to lack the ability to apply the health promotion program as expected. The performance of an organization is not only influenced by human resources within it, but also by other resources such as funds, materials, equipment, technology and work mechanisms that take place within the organization. At the District Health Service, the funds used to carry out health promotions come from the District Government in the form of Jamkesmas funds and health operational assistance funds which are passed on to community health centers for preventive and promotive measures in overcoming health problems.

Many factors influence the performance of a health worker in achieving the success of a program. According to Gibson, there are 3 factors that influence a person's performance, including: Individual factors: abilities and skills (intellectual and physical),





work experience, family background, socio-economic level and demographics, namely; Age, gender, ethnicity, race, tenure. Psychological factors: perceptions, roles, attitudes, personality, motivation and job satisfaction. Organizational factors: organizational structure, job design, leadership, reward system.

## 2. Research methods

The research method used in this research is the explanatory research method, namely explaining the relationship between variables through hypothesis testing. Using a cross sectional approach, because observations are carried out within a time determined by the researcher by observing several variables and observations are carried out once at a time. (Sugiyono. 2005)

The data collection technique used in this research was interviews using a structured questionnaire prepared previously and quantitative method analysis was carried out to determine the influence of the independent variable on the dependent variable. The research data obtained by researchers is primary data through interviews using questionnaires provided by the researcher and observation sheets, and has been tested for validity and reliability. Secondary data collection was carried out at the District Health Service community health center. The validity and reliability test of the questionnaire was carried out on 30 respondents, namely Public Health Extension Officers, Nutrition Officers and Environmental Health Officers in the District. Sidrap. Research data analysis was carried out in the following way: Univariate analysis, bivariate analysis was carried out using the Chi square statistical test with a confidence level of 95%, multivariate analysis used logistic regression.

## 3. Results and Discussion

### a. Results

#### Respondent characteristics

##### 1. Age

Most of the respondents 54.0% in this study were more than 40 years old, 30-40 years old were 29.9%, while respondents aged less than <30 years were





16.1%. The largest age group of respondents was over 40 years old. The subjects used as respondents were officers who had been civil servants for a long time.

## 2. Level of education

The majority of respondents, 51.7%, had Diploma III education, 28.7% SI, 18.4% Diploma I, and 1.1% Master's degree. The education level of the respondents was highest among midwives.

## 3. Length of working

Most respondents were 63.2% more than 10 years, less than 5 years 44.8%. Meanwhile, the smallest is with a length of work between 5 years and 10 years at 5.7 %. The respondent's length of service is because he has been a civil servant for a long time.

## 4. Staffing Group Level

Of respondents was in group III at 77% and the smallest percentage was in group II at 23%. The share of work of respondents is equal at 33.3 %.

## 5. Training

For health promotion, the majority of respondents had never attended training, 63.2 %. who had attended health promotion training was 36.8%.

## 6. Knowledge

In general, health promotion is mostly in the good knowledge category at 57.5 %, while 42.5% is in the poor knowledge category.

## 7. Skills

The majority of health extension officers who carry out health promotion activities are in the low skills category, 65.5 %, while 34.5% are in the low skills category.

## 8. Motivation

Respondents' motivation regarding health promotion activities was mostly in the poor category at 55.2 %, while 44.8% were in the good category. The majority of perceptions regarding leadership are in the good category at 63.2 %, while 36.8% are in the poor category.





## 9. Supervision

Respondents' supervisors supervised public health promotion activities, most of which were not supervised by their superiors amounting to 51.7% while 48.3% were supervised.

## 10. Performance

The majority of health extension officers in health promotion practices are in the poor performance category, 56.3 %, while 43.7% have good performance.

### a) **The relationship between respondent characteristics and the performance of health extension officers in health promotion practices at the District Health Service**

Based on the results of the Chi Square test with  $\alpha = 0.05$ , it shows that the p value for the characteristics of the respondents (age = 0.534; education = 0.006; length of work = 0.732; employment level = 0.705; part of work = 0.412; training = 0.024) for age, length of work, employment class level and work department show results  $> 0.05$  so that  $H_0$  is accepted. Thus it can be concluded that there is no relationship between age, length of work, employment class level and work department and the performance of health instructors in health promotion practices. at the District Health Service, while education and training showed results  $< 0.05$  so  $H_0$  was rejected, thus it can be concluded that there is a relationship between education and training and the performance of health instructors in health promotion practices at the District Health Service.

### b) **The relationship between respondents' knowledge and the performance of health extension officers in health promotion practices at the District Health Service.**

The performance of health extension officers in health promotion practices is poor, the proportion of respondents with poor knowledge was 75.7 % greater than the proportion of respondents with good knowledge of 42.0%. on the performance of health extension officers in good health promotion





practices, the proportion of respondents with poor knowledge was 24.3%, smaller than the proportion of respondents with good knowledge of 58.0%. The results of the Chi Square test with  $\alpha = 0.05$  show that the p value  $< 0.05$  so  $H_0$  is rejected, so it can be concluded that there is a relationship between knowledge and the performance of public health extension officers at the District Health Service community health center, meaning that the better the level of knowledge about health promotion, the higher it is. in performance.

**c) The relationship between respondents' skills and the performance of health extension officers in health promotion practices at the District Health Service.**

The performance of health extension officers in health promotion practices is poor, the proportion of respondents with poor skills was 71.9 % greater than the proportion of respondents with good skills of 26.7%. Regarding the performance of health extension officers in good health promotion practices, the proportion of respondents with poor skills was 28.1 % smaller than the proportion of respondents with good skills of 73.3%. The results of the Chi Square test with  $\alpha = 0.05$  show that the p value  $< 0.05$  so  $H_0$  is rejected, so it can be concluded that there is a relationship between skills and the performance of public health instructors at the District Health Service. This means that the more skilled they are at carrying out health promotion, the better they will be. its performance.

**d) The relationship between respondent motivation and the performance of health extension officers in health promotion practices at the District Health Service.**

The performance of health extension officers in health promotion practices is poor, the proportion of respondents with good motivation is 64.1 % greater than the proportion of respondents with poor motivation of 50.0%. Regarding the performance of health extension officers in good health promotion practices, the proportion of respondents with poor motivation was





50.0 % greater than the proportion of respondents with good motivation of 35.9%. The results of the Chi Square test with  $\alpha = 0.05$  show that the p value is  $> 0.05$  so  $H_0$  is accepted, so it can be concluded that there is no relationship between the respondent's motivation and the performance of public health extension officers at the District Health Service community health center.

**e) The relationship between respondents' leadership perceptions and the performance of health extension officers in health promotion practices at the District Health Service.**

The performance of health extension officers in health promotion practices is poor, the proportion of respondents with poor leadership was 71.9 % greater than the proportion of respondents with good leadership of 47.4%. Regarding the performance of health instructors in good health promotion practices, the proportion of respondents with poor leadership was 28.1 % , smaller than the proportion of respondents with good leadership of 52.7%. The results of the Chi Square test with  $\alpha = 0.05$  showed that the value  $p < 0.05$  so  $H_0$  is rejected, so it can be concluded that there is a relationship between respondents' leadership perceptions and the performance of public health extension officers at the District Health Service community health center.

**f) The relationship between respondent supervision and the performance of health extension officers in health promotion practices at the District Health Service.**

The performance of health extension officers in health promotion practices is poor, the proportion of respondents who are not supervised is 66.7%, which is greater than the proportion of respondents who are supervised, which is 46.7%. Regarding the performance of health extension officers in good health promotion practices, the proportion of respondents who were not supervised was 33.3 % smaller than the proportion of respondents who were supervised which was 53.3%. The results of the Chi Square test with  $\alpha = 0.05$  show that the p value is  $> 0.05$  so  $H_0$  is accepted, so it can be





concluded that there is no relationship between respondent supervision and the performance of public health extension officers in health promotion practices at the District Health Service.

### **Multivariate Analysis**

The results of the multivariate analysis show that of the 5 variables after the analysis was carried out together there are two variables that influence the performance of health instructors in health promotion practices at the District Health Service, namely education level and skills education level with p value = 0.000 which means it is smaller than 0.05, because the p value < 0.05, there is an influence between education and the performance of health instructors in health promotion practices with an OR value = 25.289, which means that respondents with a minimum education level of DIII are 25.4 times more likely to have good performance. better than public health extension officers whose educational level is less in the field of public health education. Skills with a p value = 0.002 which means it is smaller than 0.05, because the p value < 0.05, then there is an influence between skills and the performance of health instructors in health promotion practices with an OR value = 7.697 meaning that Public Health Instructors with skills those who are good are 7.7 times more likely to have better performance than Public Health Extension Officers with less skills in the field of public health education.

### **b. Discussion**

#### 1) Performance of Public Health Extension Officers in Health Promotion Practices.

Performance is a description of the level of achievement of an activity program or policy in realizing an organization's goals, objectives, vision and mission as outlined through an organization's strategic planning. The performance of public health extension officers in health promotion practices at the District Health Service is poor, namely 56.3% and only 43.7% have good performance. Some things about performance that respondents did not do were not having available, written and complete standard operating procedures (SOP), never





planning and conducting training for health cadres, not formulating problems based on main priority problems, never making media leaflets, posters, etc. planning does not formulate interventions to be carried out, does not carry out performance evaluations every 6 months, does not carry out assessments of the resources owned by the community.

## 2) Level of education

The research results showed that the education level of respondents with good performance at Diploma III level was 51.7 % , while respondents with SI education was 28.7%, and Diploma I education was 18.4%, and respondents with Masters education was 1.1 %. The results of the Chi Square test were obtained at an error of ( $\pm$ ) 5% with a p value = 0.006, which means that there is a relationship between the respondent's education level and the performance of health instructors in health promotion practices at the District Health Service. This shows that differences in education levels greatly influence the performance of Public Health Extension Officers in Health Promotion Practices.

The results of this research are in accordance with Lawrence Green's theory that a person's level of education is an easy factor for behavior change to occur. The level or level of formal education that these officers attend can influence the quality of their work, the higher the level of education, the higher the officer and the more skilled his or her ability to complete the work tasks assigned to him or her. Education development from Diploma I to Diploma III and Diploma III to Bachelor of Public Health. It is hoped that it can increase the knowledge of officers as Public Health Officers in the form of professional staff, mastering science, art and technology to achieve a society that behaves in a clean and healthy way of life. A person is called a professional if he has competencies that support his training and authority, is educated, has ethics. namely a value that is appropriate and appropriate and absolute to support its existence. In carrying out activities professionally, officers are expected to have extensive knowledge and behavioral knowledge in providing health education. to society.





### 3) Training

The research results showed that the majority of respondents had insufficient training at 63.2 %. the majority of respondents, 63.2%, answered that they had never attended training on making education media, 69% of respondents answered that they had never attended training on cadre training and, 57.5% of respondents answered that they had never attended training on health education techniques. Meanwhile, respondents with good training were 36.8 %. This is due to, among other things: because there is no training program from the District Health Service. The relationship between training and the performance of public health extension officers in health promotion practices at the District Health Service. shows that the performance of health extension officers in health promotion practices is poor, the proportion of respondents with poor training is 65.5% greater than the proportion of respondents with good training of 40.6%. Regarding the performance of health extension officers in good health promotion practices, the proportion of respondents with insufficient training was 34.5 % smaller than the proportion of respondents with good training of 59.4%. From the results of the Chi Square test, a p value of 0.024 (p value <0.05) was obtained, which means that there is a relationship between the respondent's training and the performance of public health extension officers at the District Health Service community health center. The results of this research are in accordance with Notoatmojo that training is part of education which involves the learning process to acquire and improve skills outside the current education system in a short time and with methods that prioritize practice. The existence of a relationship between training and the performance of public health extension officers in health promotion practices is probably because the District Health Office has never conducted training for public health extension officers.

### 4) Knowledge

The research results showed that the majority of respondents had good knowledge about health promotion, 57.5 %, and 42.5% of respondents had poor





knowledge. The results of the Chi Square test were obtained at an error of ( $\pm$ ) 5% with a value of  $p = 9$ , meaning that there is a relationship between knowledge and the performance of public health extension officers at the Community Health Center of the District Health Service.

The research results are in accordance with L Gibson's theory that knowledge is the ability to understand the main tasks and functions in the process of managing health education activities. Knowledge plays an important role in individual behavior and performance. An ability is a trait (innate or learned) that allows a person to do a job. However, the knowledge of public health extension officers in the practice of public health promotion in the Public Health Service is likely due to the level of education, as well as the lack of training for public health extension officers.

#### 5) Skills

The results show that the majority of respondents have poor skills in carrying out health promotion practices or counseling by 65.5 %, and respondents who have good skills in carrying out health promotion practices or counseling are 34.5%. Chi Square test results obtained on errors ( $\pm$ ) 5% with  $p$  value = 0.000, meaning there is a relationship between skills and the performance of public health extension officers at the District Health Service.

The results of this research are in accordance with L Gibson's theory that skills are competencies related to tasks, such as the skill of communicating clearly for the goals and mission of the group. A public health instructor is said to be able to work if the officer is not only knowledgeable, but also skilled in carry out counseling. So that when delivering the material in the counseling it can be easily understood. by society so that changes in behavior will occur as expected.

#### 6) Leadership

The research results show that the percentage of respondents' perception of leadership in health promotion activities is in the good category (63.2 %) and the percentage of respondents' perception of leadership in health promotion activities





in the poor category is 36.8%. The results of the Chi Square test were obtained at an error of ( $\pm$ ) 5% with a p value = 0.026, meaning that there was a relationship between the respondent's leadership and the performance of public health extension officers at the District Health Service community health center.

The results of this research are in accordance with Robbins' theory. Leadership is a person's ability to influence a group towards achieving the group's goals. 9). According to Gibson, the success of an organization is largely determined by the success of its group of employees. Leadership at the community health center in carrying out duties as head of the community health center. It is the way the head of the community health center leads a task that will greatly influence the results of the work of the employees he leads. The existence of a relationship between leadership and the performance of public health instructors in health promotion practices is probably due to the community health center leaders carrying out their main duties and functions as community health center leaders so that all programs and activities can be carried out by employees in accordance with plans. Leadership does not directly influence the performance of community health instructors. in the practice of public health promotion at the District Health Service because the leadership of the community health center does not supervise the activities carried out by public health extension officers in implementing public health promotion practices.

#### 4. Conclusion

The performance of public health instructors in health promotion practices at the District Health Service is poor at 56.3% and only 43.7% have good performance. The most dominant factor that influences the performance of health extension officers in health promotion practices at the District Health Service is the level of education and skills. Education level with OR= 25.289. Skills of Public Health Extension Officers in implementing health promotion with a value of OR= 7.697. Variables related to the Performance of Public Health Extension Officers in health promotion practices at the District Health Service are Training, Knowledge and Leadership.





## 5. Compliance with ethical standards

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### Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

### Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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